

A Note from the Coordinator

Hello everyone,

The Bridge of the Gods has been going for almost ten years now and I thought I would give everyone a great big thank you for the assistance from the faculty and staff of BOGSA for their teaching and to the various tribal communities for helping spread the word about our program and for helping us recruit students and sometimes help each other getting the students to the academy.

Over the years we have evolved each year in identifying the skills necessary for our Native American students need to be successful in higher education, then build those skills by providing an academic challenging environment, while at the same time building our own community of students and staff that supports each other in a traditional and culturally appropriate manner. The same goes for the curriculum that is taught. Native American issues and worldview are carefully designed and integrated by our, mostly, Native American instructors and integrated into the courses they teach, while at the same time helping students build the basic math, reading, writing and research skills necessary for success in higher education.

BOGSA is a very challenging academy for Native American students; we push them out of their comfort zones to give them a very small taste of what is going to be expected of them at the next level of education. For this reason there have been some changes in the application that we want all applicants (and parents and guardians) to be aware of:

-First, the essay has changed and there needs to be a reminder here that the essay is a required part of the application and needs to be completed and turned in at the same time as the application. It is writing sample for the selection committee and also gives the selection committee its first glance at the student's commitment to their education.

The selection committee is made up of BOGSA staff and faculty.

-Second, due to some activity during the past couple of years that involved students leaving the academy for various reasons and the disruption it causes the staff and other students, the decision has been made that this will no longer be acceptable. NO leaving the academy for any reason, the students must commit to the entire length of the academy and there is a new line in the application that the student must check to say they will comply.

-Lastly, this year's curriculum will change a bit, due to availability of instructors. Unfortunately, for BOGSA, our Biology instructor received a faculty appointment nearer to her people, but we will be replacing her class with a law class and possibly an art class. Other courses may also change subject matter/focus within their respective fields of study.

Again thank you to everyone that has helped Lane Community College and the University of Oregon by providing the students and teachers to BOGSA. And get those applications in as soon as possible! We are looking to have another exciting year for the Bridge of the Gods Summer Academy.

Respectfully,

James Florendo, Lane Community College Native American Student Programs coordinator

Bridge of the Gods Summer Academy 2016

Lane Community College & University of Oregon

June 12th – June 25th, 2016

If you are interested in participating in this program, please complete the items on the application checklist, sign and date **ALL** the Liability Release forms and Consent Agreements, then mail or fax your application material to:

Lane Community College

Attn: James Florendo - Bridge of the Gods Summer Academy

Building 1 Room 201A

4000 East 30th Avenue

Eugene, OR 97405

Fax: (541) 463-3997

We should receive your completed application and forms by May 25th , 2016

Please submit your application as soon as possible, BOGSA is a FREE program with limited slots (20). Time will be needed to review applications, make selections, and notify students admitted to the program.

Completed Application checklist:

- ☒ Student, guardian and medical information
- ☐ Essay (1-3 typed pages)
- ☐ Activities list
- ☐ Class list or transcript
- ☐ Consent Agreement (signed and dated)
- ☐ Liability Release (signed and dated)
- ☐ Application is complete ☺ !!

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Parents / legal guardians / Indian education program chaperones are responsible for making arrangements to get their students **to and from** the summer bridge program.

#### **Check in on June 12 will be at the:**

University of Oregon - Many Nations Longhouse

1630 Columbia Street Eugene, OR 97405

Longhouse Phone: (541) 346-6262 or (541) 206-2202

#### **Check in:**

**Sunday, June 12<sup>h</sup> : noon – 5pm**

**UO Many Nations Longhouse**

#### **Pick up:**

**Saturday, June 25<sup>th</sup> : before noon**

**Sweetser Hall Lounge**

**Walton Complex, UO**

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This is a 14-day residency program...so bring enough clothes for this length of time. Also bring classroom materials such as a notebook (paper) and pen/pencils. While not required, you are encouraged to bring a laptop computer and digital camera if you have them. A computer lab will be available if you do not bring your own.

Some of the planned activities will take place in a semi-formal setting and we are asking students to bring clothes that will be acceptable in these settings – casual dress up.

There will be after-class activities for which athletic apparel would be most appropriate (clothes and shoes that you can move, exercise and play in). If you have any questions or please **contact James Florendo at: (541) 463-5238 or florendoj@lanecc.edu**.

Bridge of the Gods Summer Academy 2016
Lane Community College & University of Oregon

Student, Parent, and Medical Information

Student: _____
Last Name First Middle Initial

Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Home Phone: _____ E-Mail Address: _____

Date of Birth: ____/____/____ School attending: _____

Grade: _____ Gender: _____ Most current cumulative GPA: _____

Parent/Legal Guardian: _____
Last Name First Middle Initial

Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Parent/Guardian Home phone: _____ Work phone: _____

Other Emergency contact phone: _____ Relationship to student: _____

Medical Doctor: _____ M.D. phone: _____

M.D. address: _____

Dentist: _____ Dentist phone: _____

Dentist Address: _____

Please indicate any medical conditions, medications, allergies or special conditions that the Lane Community College / University of Oregon Bridge of the Gods Summer Academy staff should be aware of:

_____.

Continued....

Tribal Affiliation, Activities List & Essay

1. Please state your tribal affiliation: _____

Are you enrolled? _____ yes _____ no

If not enrolled, please indicate your family tribal connection as far as you know (example: My great grandmother was a member of [name of tribe]):

2. * ESSAY of no less than 1 typed page and no more than 3 typed pages...addressing the following topic:

“How does education help me define my world .”

3. * Please list all school and Native / tribal programs and activities you have been involved with in your life.

These activities can include duties you are expected to fulfill in your household or for your tribe. These can also include cultural skills and talents (examples: beadwork, drumming, dancing, ability to speak your tribal language, etc.). Please be thorough in your descriptions.

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4. If you are a junior, have you taken the PSAT? \_\_\_\_\_ yes \_\_\_\_\_ no

5. If you are a senior, have you taken the SAT? \_\_\_\_\_ yes \_\_\_\_\_ no

6. What is the highest level of math class that you have completed? \_\_\_\_\_

7. What is the highest level of writing/language arts class that you have completed? \_\_\_\_\_

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➤ This program is designed to serve twenty (20) students.

* If we have more than twenty applications, your response to #2 and #3 (above) will be very important as part of the selection criteria.

➤ Type and print out your responses.

➤ Enclose your responses to #2 and #3 (above) on separate pages and submit with the application.

Liability Release

I hereby give permission for my child _____ (print student name) to participate in the Bridge of the Gods Summer Academy 2016 at Lane Community College and the University of Oregon campuses.

I declare that I am the parent/legal guardian of the above named student, and I have custody and control of the student. In the event my student is injured or should require medical attention, I hereby request that the Bridge of the Gods Summer Academy staff contact our family physician and/or myself.

In the event we cannot be reached, I hereby authorize the Bridge of the Gods Summer Academy staff to secure necessary medical treatment for my student.

I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my student's treatment, which are not covered by my insurance.

I assume all risks and hazards related to participation in program activities, including transportation to and from said activities and hereby waive, release, absolve and indemnify and agree to hold harmless the Bridge of the Gods Summer Academy and its affiliates, including Lane Community College, the University of Oregon, its organizers, sponsors, supervisors, and participants for any claim arising out of accidental injury to my student.

I also understand that I am responsible for making arrangements for picking up my student if it is deemed necessary to be sent home by Bridge of the Gods Summer Academy organizers for any of the following reasons: inappropriate behavior, violation of Lane Community College or University of Oregon conduct codes, damage to Lane Community College or University of Oregon property, or for the overall safety of students, staff and the program.

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My signature indicates that I have read, understand and agree to the terms of the above Liability Release.

Parent/legal guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Consent Agreements

The Bridge of the Gods Summer Academy 2016 at Lane Community College and the University of Oregon will require each student to register at Lane Community College.

If you are under 18 years of age, please provide the following information (even if you participated in the summer academy last year). If you did, you should already have an "L" number:

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"L" Student ID Number (if known): _____

Student Name (please print): _____

Student signature: _____ Date: _____

Date of Birth: _____/_____/_____

Parent/Guardian Name (please print): _____

Parent/Guardian signature: _____ Date: _____

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Please answer the following?

Does Lane Community College/University of Oregon have your permission to use the following:

- a) Public news media photos and interviews? \_\_\_\_\_ yes \_\_\_\_\_ no
- b) Public display of student projects (including printing of class assignments)? \_\_\_\_\_ yes \_\_\_\_\_ no
- c) Participation in research study survey of program quality and effectiveness? \_\_\_\_\_ yes \_\_\_\_\_ no
- d) Participation in canoeing/boating activity (if happening)? \_\_\_\_\_ yes \_\_\_\_\_ no
- e) Participation in planned field trips? \_\_\_\_\_ yes \_\_\_\_\_ no
- f) Photo release for public media? \_\_\_\_\_ yes \_\_\_\_\_ no

I agree that I (student) am committed to attend the entire length of BOGSA and that I will not leave the academy for any reason during the length of the academy (examples: birthdays, family visits, shopping, sporting events etc.) \_\_\_\_\_ yes \_\_\_\_\_ no

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**UNIVERSITY OF OREGON**  
**ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY**  
**Please Read Carefully**

In consideration of my child, \_\_\_\_\_, being permitted to participate in the Bridge of the Gods Summer Academy 2016 (the "Activity"), I acknowledge and accept the risks inherent in the Activity as set forth below.

Dates of Activity: June 12 – June 25, 2016

Description of Activity: 14 day residency camp at the University of Oregon

Assumption of Risk. Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury of loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I certify that there are no health-related reasons or problems that preclude or restrict my child's participation in the Activity.

I understand that my child's participation in the Activity is completely voluntary.

I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University of Oregon to secure any appropriate treatment including the administration of an anesthetic and surgery for my child. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University of Oregon has no obligation to provide or seek out any medical treatment.

I release the Oregon University System, the State Board of Higher Education, the University of Oregon and all their respective officers, employees, agents, and volunteers from any and all liability and expense in any way resulting from, related to, or arising out of my child's participation in the Activity, including but not limited to liability and expense attributable to any injury, death, property damage, lost wages, economic loss, emotional distress, psychic injury, pain, or suffering of any kind whatsoever.

I agree to hold harmless the Oregon University System, the State Board of Higher Education, the University of Oregon and all their respective officers, employees, agents, and volunteers from and against any and all claims, liability and expense in any way resulting from, related to, or arising out of the Activity.

I have read and understand the above provisions and agree to be bound by them.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

Parent's or Guardians' Name Printed: \_\_\_\_\_

Unless checked no here \_\_\_\_\_ **NO** \_\_\_\_\_

I, hereby irrevocably consent to and authorize the University of Oregon to use videotapes, photographs, motion pictures, recordings or other record (collectively Media) of the Activity and the my child's participation in the Activity and to use his/her image, voice and/or likeness for educational and promotional purposes. In addition, the University of Oregon shall have the right to adapt, reproduce, edit, modify, and make derivative works of and from the Media in any media or technology now known or hereafter developed in perpetuity, so long as the use is in keeping with the purposes set forth above. I recognize that the Media and other works shall be the exclusive property of the University of Oregon.

## **Class List**

We need to know the classes you have already taken, as well as those still needed in order to be college eligible. Please fill in this grid, **OR ask your high school counselor for a transcript.**

We are mostly interested in the core preparatory classes, such as: Math, English, Science, Social Science, and language classes...but are interested in all classes. Please attach another sheet if necessary.

### **(Freshman year)**

#### **Fall Semester**

| Class | Grade | Class | Grade |
|-------|-------|-------|-------|
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

#### **Spring Semester**

| Class | Grade | Class | Grade |
|-------|-------|-------|-------|
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

### **(Sophomore year)**

#### **Fall Semester**

| Class | Grade | Class | Grade |
|-------|-------|-------|-------|
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

#### **Spring Semester**

| Class | Grade | Class | Grade |
|-------|-------|-------|-------|
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

### **(Junior year)**

#### **Fall Semester**

| Class | Grade | Class | Grade |
|-------|-------|-------|-------|
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

#### **Spring Semester**

| Class | Grade | Class | Grade |
|-------|-------|-------|-------|
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |